Capy to SF

| Form 9-331<br>(May 1963)                                                                    | UNITED STATES                                                                                    | SUBMIT IN TRIPLICATE*                                                           | Form approved.<br>Budget Bureau No. 42-R1424.                                      |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| DEPART                                                                                      | TMENT OF THE INTERI                                                                              | OR (Other instructions on re-                                                   | 5. LEASE DESIGNATION AND SERIAL NO.                                                |
| GEOLOGICAL SURVEY                                                                           |                                                                                                  |                                                                                 | LC-028793-c                                                                        |
| SUNDRY NO (Do not use this form for proj                                                    | POTICES AND REPORTS ( posals to drill or to deepen or plug be cation for PERMIT—" for such parts | ON WELLS                                                                        | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                               |
| 1.                                                                                          | <b>—</b>                                                                                         |                                                                                 | 7. UNIT AGREEMENT NAME                                                             |
| OIL XX GAS OTHER                                                                            |                                                                                                  |                                                                                 |                                                                                    |
| 2. NAME OF OPERATOR                                                                         |                                                                                                  | JUL 1 1977                                                                      | 8. FARM OR LEASE NAME                                                              |
| General American Oil                                                                        | Company of Texas                                                                                 |                                                                                 | Burch "C"                                                                          |
| 3. ADDRESS OF OPERATOR                                                                      | a Hilla Nov Movice C                                                                             | <sub>3825</sub> p. c. c.                                                        | 40                                                                                 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. |                                                                                                  |                                                                                 | 10. FIELD AND POOL, OR WILDCAT                                                     |
| See also space 17 below.) At surface                                                        |                                                                                                  |                                                                                 | Grayburg-Jackson                                                                   |
| 330' FNL and 330' FWL Sec. 23, T-17S, R-29E                                                 |                                                                                                  |                                                                                 | 11. SEC., T., B., M., OR BLK. AND<br>SURVEY OR ABEA                                |
|                                                                                             |                                                                                                  |                                                                                 | Sec. 23, T-17S, R-29E                                                              |
| 14. PERMIT NO.                                                                              | 15. ELEVATIONS (Show whether DF                                                                  | , RT, GR, etc.)                                                                 | 12. COUNTY OR PARISH   13. STATE                                                   |
|                                                                                             | 3590' GR                                                                                         |                                                                                 | Eddy New Mexico                                                                    |
| 16. Chack A                                                                                 | Appropriate Box To Indicate N                                                                    | lature of Notice, Report, or Otl                                                | her Data                                                                           |
|                                                                                             | •••                                                                                              | • • •                                                                           | NT REPORT OF:                                                                      |
| NOTICE OF INT                                                                               | ENTION TO.                                                                                       | SUBSEQUE                                                                        | []                                                                                 |
| TEST WATER SHUT-OFF                                                                         | PULL OR ALTER CASING                                                                             | WATER SHUT-OFF                                                                  | REPAIRING WELL ALTERING CASING                                                     |
| FRACTURE TREAT SHOOT OR ACIDIZE                                                             | MULTIPLE COMPLETE ABANDON*                                                                       | FRACTURE TREATMENT SHOOTING OR ACIDIZING                                        | ABANDONMENT*                                                                       |
| REPAIR WELL                                                                                 | CHANGE PLANS                                                                                     | (Other)                                                                         |                                                                                    |
| (Other) 60 Day Extensi                                                                      | on X                                                                                             | (Note: Report results of<br>Completion or Recomplet                             | multiple completion on Well<br>ion Report and Log form.)                           |
| 17. DESCRIBE PROPOSED OR COMPLETED O proposed work. If well is direct nent to this work.) * | PERATIONS (Clearly state all pertinen tionally drilled, give subsurface located)                 | t details, and give pertinent dates, in<br>tions and measured and true vertical | ocluding estimated date of starting any<br>depths for all markers and zones perti- |
| We request a sixty (60 due to rig availability week in July.                                |                                                                                                  |                                                                                 |                                                                                    |
|                                                                                             |                                                                                                  | ARTESIA, M                                                                      | CAN 28 1977 ED                                                                     |
| (This space for Federal or State of                                                         | aubine TITLE E                                                                                   | ingineer  CTING DISTRICT ENGINEER                                               | DATE June 27, 1977                                                                 |
| CONDITIONS OF APPROVAL, IF                                                                  |                                                                                                  | THE DISTRICT ENGINEER                                                           |                                                                                    |

Market ....